Name in Full Robert J Booker

Certificate of Death

Died at Town Barclay County Q. A. Co MARYLAND

Date 1899 Month Apr. Day 10 Age Y. 62 M. D. Native of Md Occupation Blacksmith

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ -Number of children living one

Husband ~~Wife~~ of Fannie Booker

Father's Name

Mother's Name

Cause of Death Primary 72

Immediate Pneumonia

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by Jas Graham M.D.

Address Ingleside Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65969

Name in Full John Boyer

Certificate of Death

Died at Town Borelay County Qa Co Md MARYLAND

Date 1899 Month 4 Day 23 Age Y. 84 M. D. Native of Md Qa Co Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living One

~~Husband~~ of Wife Mary Boyer

Father's Name Samuel Boyer Mother's Name Ellen Walls

Cause of Death Primary Typhoid Fever 1 How long sick One week

Immediate Heart failure ~~Accident~~, Suicide, ~~Homicide~~

Reported by J K Brown Undertaker

Address Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Graham

of Ingleside

Seen by Coroner

of

Information contained in this certificate

ceived from Mrs Mary Bayer

of Burdekin

Name in Full Louiza Cooper

Certificate of Death

Died at Town Kent Island County Queen Annes MARYLAND

Date 1897 Month April Day 26 Age Y. 61 M. D. Native of Queen Annes Co. Occupation House

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living None

Husband of Wife Thomas Cooper

Father's Name Do not know Mother's Name Do not know

Cause of Death Primary Heart failure How long sick

Immediate 155b Accident, Suicide, Homicide

Reported by John P. Benton

Address Kent Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mary E Darling

Certificate of Death

Died at Town: Star P.O. County: Queen Anne MARYLAND

Date 1897 Month: Apl Day: 20 Age Y. M. D.: Seven Mts Native of: America Occupation

~~Male~~ X White ~~Married~~ ~~Widow~~ ~~Divorced~~

X Female ~~Colored~~ X Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: George W Darling Mother's Name: Linda Darling

Cause of Death: Primary: Constipation 39a How long sick: Ten days.

Immediate: Meningitis Convulsions Accident, Suicide, Homicide

Reported by: John L Russom Undertaker

Address: Hillsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Attended by Dr. W H F Miller

of Hicksville Carroline Co Md

Seen by Coroner _____

of _____

Name In Full William Deedon

Certificate of Death

Died at Town Bursville County Queenanne MARYLAND

Date 1899 Month 4 Day 6 | Age Y. 2 M. D. | Native of Maryland | ~~Occupation~~

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name William Deedon

Mother's Name Harriet Deedon

Cause of Death: Primary Deep Cold

Immediate 77

How long sick 1 month

~~Accident, Suicide, Homicide~~

OVER

Reported by Dawson & Whiteley

Address Centreville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78[illegible]

Attended by Dr. Troy

of Centreville Md

Seen by Coroner

of

Information contained in this certificate received from William Deedon col.

of Burisville md.

Name in Full — Author Emory — Certificate of Death — died

Died at — Town: Sudlersville — County: Queen Anne's — MARYLAND

Date 1899 — Month: 4 — Day: 14 — Age: Y. 20. M. 7. D. 21 — Native of: maryland — Occupation:

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / Number of children living: 1

Husband / Wife of

Father's Name: Hindley Emory — Mother's Name: Rachel Emory

Cause of Death — Primary: Typhoid fever — How long sick:

Immediate: Hemorrages — Accident, Suicide, Homicide:

Reported by: Dr Frostel sudler

Address: L. A. Stafford undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Foster Sudler

of Sudlersville

Seen by Coroner

of

Information contained in this certificate received from

of Jos a Stafford

undertaker

Name in Full

Certificate of Death

Henryetta Everitt

Died at Town: Mc Ginness County: Queen Anne MARYLAND

Date 1899 Month: April Day: 9 Age Y. M. D.: two days Native of: Maryland Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ~~Michael Everitt~~

Father's Name: Michal Everett

Mother's Name: Henrietta Everett

Cause of Death — Primary: Rupture

Immediate: Rupture

86

How long sick: two days

~~Accident, Suicide, Homicide~~

Reported by: Bradley & Sparks Undertakers

Address: Crumpton Queen Anne Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70608

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate
ceived from

of

Name in Full

Certificate of Death

Jane Fisher

Died at near Town Ruthsburg County Queen Anne MARYLAND

Date 189 Month April Day 6 Age Y. M. D. Native of Occupation

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ Wife of Simon Nichols

Father's Name

Mother's Name 74

Cause of Death { Primary Acute Pulmonary Oedema How long sick about 45 minutes

Immediate Apnoea ~~Accident, Suicide, Homicide~~

Reported by Was taken sick about a half mile from here on the road to Hope and died just before I got to her. I will fill out a card in full when I learn the remaining information that is required.

Address Walter H Fenby Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, PHILA.

Name in Full | Certificate of Death

Caroline Forman

Died at Town: Alms House | County: Queen Anne | MARYLAND

Date 1899 | Month: April | Day: 1st | Age: Y. 65 M. — D. | Native of: Maryland | Occupation: Insane pauper

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband / Wife of: No history

Father's Name | Mother's Name: 43

Cause of Death — Primary: Brain softening | How long sick

Immediate: Acute Bright Dis Kidney | Accident, Suicide, Homicide

Reported by: J A Holton MD

Address: Centreville 2 Annie Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, E5868

Name in Full

Certificate of Death

Annie Maria Godwin

Died at Town Kent Island County Queen Annes MARYLAND

Date 1899 Month Apr. Day 24 Age Y. 62 M. D. Native of Queen Anns Md. Occupation Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

125

Father's Name Jerry Godwin Mother's Name Sallie Godwin

Cause of Death Primary Erysipelas (Facial) How long sick about 6 days.

Immediate Blood Poisoning ~~Accident Suicide Homicide~~

Reported by C. Percy Kemp. M.D.

Address Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65963

Name In Full

Certificate of Death

Anna Hart Hart died

Died at Town Sudlersville County Queens Co. MARYLAND

Date 189[illegible] Month April. Day 10, Age Y. 78 M. 3 D. 17 Native of myrland Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~

Number of children living 6

Husband of Wife Laranc Hart

Father's Name

Mother's Name 126

Cause of Death: Primary Sepsis, Gangrene How long sick 5 months

Immediate

Accident, Suicide, Homicide

Reported by Foster Sudler. M. D.

Address Sudlersville Queens Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7088

Attended by Dr. Foster Sudler

of Sudlersville

Seen by Coroner

of

Information contained in this certificate received from

of Jos. a. Stafford undertaker

Name In Full: Samuel Henson (Henson) — Certificate of Death: died

Died at — Town: Tilghmons — County: Queen — MARYLAND

Date 1899 — Month: 4 — Day: 29 — Age: Y. 68. M. 7. D. 23 — Native of: myrland — Occupation: farmer

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~ 10

Husband of Wife: Salie Henson

Father's Name: — Mother's Name: 22a

Cause of Death — Primary: Pulmoney Consumption — How long sick: 3 months

Immediate — Accident, Suicide, Homicide

Reported by: Doc J. W. W. Sweedon

Address: Church Hill m.d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. W. W. S. Weedon
of Church Hill

Seen by Coroner _____
of _____

Information contained in this certificate
ceived from _____
of Jos. A. Stafford
Sudlersville undertaker

Name In Full

Certificate of Death

May Jane Nichols

Died at Town Near Ruthsburg County Q A Co MARYLAND

Date 189 9 Month 4 Day 6 | Age Y. 60 M. D. | Native of Maryland | Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ of Wife Simon Nichols

Father's Name — — — — — Mother's Name — — — — — —

Cause of Death: Primary Dyspepsia colic OVER 161 | How long sick 1 Hour

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Dawson & Whiteley OVER

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Attended by Dr. Fenby

of Ruthsburg

Seen by Coroner

of

Information contained in this certificate received from Simon Nichols

of Near Ruthsburg

Name in Full Sullie Plummer

Certificate of Death

Died at Town Borelay County Q A Co Md. MARYLAND

Date 189 9 April Month 26 Day Age Y. 76 M. — D. — Native of Md. Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

~~Husband~~ Wife of Wm I Plummer

Father's Name James Pippin Mother's Name —

Cause of Death Primary Heart trouble How long sick

Immediate 57 Accident, Suicide, Homicide

Reported by J K Brown Undertaker

Address Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. Graham

of Ingleside Md

Seen by Coroner

of

Information contained in this certificate received from Henry Bain

of Barclay

Name in Full: Sarah Elizabeth Price

Certificate of Death

Died at: Town: Centreville County: Q.A. MARYLAND

Date 1899 Month 4 Day 24 | Age Y. 76 M. D. | Native of Md | Occupation Lady

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

~~Husband~~ Wife of Widow of R. G. Price

Father's Name Mo McFeeley Mother's Name Rachel McFeeley

Cause of Death: Primary Senile Pneumonia 72 | How long sick 7 days

Immediate Cardiac failure | Accident, Suicide, Homicide

Reported by Jas Bordley

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Louis Savage

Certificate of Death

Town Hope County Queenanne

Died at MARYLAND

Date 1899 Month April Day 22 | Age Y. 70 M. — D. — | Native of Md. | Occupation Farm hand

Male ~~Female~~ | ~~White~~ Colorad | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of —

Wife —

Father's Name — | Mother's Nama —

Cause of Death — Primary Ia Grippe 9 | How long sick 2 weeks

Immediate —

~~Accident, Suicide, Homicide~~

OVER

Reported by Dawson & Whiteley F. D's

Address Centreville Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79RR

Attended by Dr. W. H. Fenby
of Bulksburg Md

Seen by Coroner — — — — —
of

Information contained in this certificate re-
ved from Chas. W. Deager
of Hope Md

Name in Full | Certificate of Death

Henry Sheppard

Died at Town Kent Island County Queen Ann's MARYLAND

Date 189 9 Month Apr. Day 16 | Age Y. M. D. | Native of Kent Isld | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of Hannah Johns (widow)

Father's Name | Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick about 8 days.

Immediate | ~~Accident, Suicide, Homicide~~

Reported by C Perry Temp. M. D.

Address Kent Isld Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mable Elizabeth Simpson

Died at Town: Damsentown County: Queen's Anne MARYLAND

Date 1891 Month: April Day: 2 | Age Y.: 2 M.: 4 D.: 8 | Native of: Md | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of ~~children living~~

Husband / Wife of

Father's Name: Philip Simpson

Mother's Name: Mildred W. Simpson

Cause of Death: Primary: Acute Pneumonia 72

Immediate: Exaustion

How long sick: 11 days

~~Accident, Suicide, Homicide~~

Reported by: Walter H Fenby

Address: Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full — Certificate of Death

Edgar Skinner

Died at — Town: Centreville — County: Q. A. — MARYLAND

Date 189 — Month: 4 — Day: 23 — Age: Y. 4 M. 3 D. — Native of: 2 9 — Occupation: Nursery

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living

Husband / Wife of

Father's Name: Henry Skinner — Mother's Name: Mrs Skinner

Cause of Death — Primary: Enteric Colitis 62 — How long sick: 1 month

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by: J. Monroe MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full John W. Smith

Certificate of Death

Died at Town Centreville, County Queenanne MARYLAND

Date 1899, Month 4 Day 25 Age Y. 17, M. 10 D. Native of Md ~~Occupation~~

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm H. Smith Mother's Name Laura Smith

Cause of Death Primary Tuberculosis 22a How long sick 6 months

Immediate Attention ~~Accident, Suicide, Homicide~~

Reported by Dawson & Whiteley F. D's

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65868

attended by Dr. Bordley
one visit.

Information contained in
this certificate received from
Wm H. Smith of Centreville
Md

Name In Full Rittie Smith

Certificate of Death

Died at Town Centreville County Queenanne MARYLAND

Date 1899 Month 4 Day 6 Age Y. M. D. about 65 Native of Maryland Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Nathaniel Smith Mother's Name Ellen Smith

Cause of Death Primary Bright Disease How long sick 6 months

Immediate 97 ~~Accident, Suicide, Homicide~~

Reported by Dawson & Whiteley F. D.'s

Address Centreville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Attended by Dr J. M. Corkran
of Centreville, Md.

Seen by Coroner _____

of _____

Information contained in this certificate received from W. J. Woodford

of Centreville

Name in Full Noble Otates — Certificate of Death

Died at Town Crumpton County Queen Anne MARYLAND

Date 1899 Month April Day 8 | Age Y. 0 M. 0 D. 8 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James W. Otates — Mother's Name Elizabeth Taylor

Cause of Death: Primary Hydrocephalus 5-2 — How long sick 2 days —

Immediate Convulsions — ~~Accident Suicide Homicide~~

Reported by F. N. Shuppert M D.

Address Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mary Stewart

Died at Town: Carmichael — County: Anne — MARYLAND

Date 1899 — Month: 4 — Day: 15 — Age: Y. — M. 8 — D. — Native of: Md — Occupation: Infant

~~Male~~ — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Jacob Stewart — Mother's Name:

Cause of Death — Primary: Pneumonia 72 — How long sick: Two weeks

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: Howard B. Hopkins

Address: Wye Mills. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Dr. If Mr. Carmen reports this see if date correct

LIBRARY BUREAU

Name in Full Wm H Tompson

Certificate of Death

Died at Town Centreville County Q.A. MARYLAND

Date 1899 Month 4 Day

Age Y. 55 M. — D.

Native of Md

Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single Widower Number of children living none

Husband of Wife —

Father's Name —

Mother's Name —

Cause of Death Primary Pneumonia

Immediate Exhaustion

72

How long sick 9 days

~~Accident, Suicide, Homicide~~

Reported by J M Corkran

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968